PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003  000409-102												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY
T	OTAL CLAIM	s	10		Ŀ	•		RATE	FEE	]	RATE	FEE.
F	OR	NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEI	770.00	
TOTAL CHARGEABLE CLAIMS			/0 minus 20=		•	O		XS 9=		OR	X\$18=	
IN	DEPENDENT (	CLAIMS	4 minus 3 =		•	. /		X43=	<del></del>	OR	X86=	86.0
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					448	+	1		60
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	<del></del>	JOR	L	000
CLAIMS AS AMENDED - PART II								TOTAL	٠ ـــــــ	JOR		856.
		(Column 1) - (Column 2) (Column 3) SMALL ENTITY OR SMALL										
AMENDMENT A	8-16-06	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	. 15	Minus	-20	1	. —		X\$ 9=		OR	X\$18=	
AME	Independent	· 4	Minus	4				X43=		OR	X86=	
Ľ	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM	<u></u>	Ī	+145=		OR	+290=	
12/4/6							L	TOTAL		OR	TOTAL	
•	11	(Column 1)		(Colum	n Ż)	(Column 3)	A	DOIT. FEE	<b>:</b>	<b>]</b>	adoit. Fee!	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	er Usly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NO	Total	. 9	Minus	-20	2	-(1)	Γ	X\$ 9=		OR	X\$18=	
AME	Independent	· 1	Minus	4	J	• Φ.	T	X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MULTIPLE DEPENDENT CLAIM .   OR +290=										
						`*	L	TOTAL		OR	TOTAL	•
	•	(Column 1)		Cohema	· 2)	Colima 21	A	DOTT. FEE	<u> </u>		VOOIT. FEEL	<del>- : : -</del>
צונ		CLAIMS REMAINING . AFTER AMENDMENT		HIGHE! NUMBE PREVIOU	ST : PA : ISLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Ž ŀ	Total	AMERICALERI	Minus	PAID FC		0	$\vdash$	VC 0	FEE	ŀ		FEE
	Independent	•	Minusi	***		8	$\vdash$	X\$ 9=		OR	X\$18=	
4	FIRST: PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=		OR	X86=	
							1	+145=		OR	+290=	•
11	the Highest Nur	nn 1 is less than the nber Previously Pal	d For IN THUS	SPACE IS IS	ess then	20. ester 20.°	۰ ۵۵	TOTAL DIT. FEE	•	OR A	TOTAL DOTT. FEE	٠,
.∵ 1	he "Highest Num	niber Previously Paid ber Previously Paid	For (Total or	independent	is the	i a, enter a. highest number (	Iound	i in the ap	propriate box	in coiu	mn 1.	٠

Application or Docket Number